

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011822

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1912

FILED APR 4 1963

VS 300
Rev. 4/59

1

260902

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9527.1

10

11

1264.0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Hector W. Benoit, M.D.

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Research Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE MO

b. COUNTY Clay

c. CITY OR TOWN Russville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
June 71 x 45

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First HARRY B Middle NIGRO Last NIGRO

4. DATE OF DEATH
Month 3 Day 23 Year 1963

5. SEX Male

6. COLOR OR RACE Wh

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-9-1916

9. AGE (last birthday) 46

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Grocery Store Owner

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country)
Kansas City Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Anthony Nigro

13b. MOTHER'S MAIDEN NAME
Felippa Mangotta

14. NAME OF HUSBAND OR WIFE
Maxine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
yes WW2

16. SOCIAL SECURITY NO. —

17. INFORMANT
Maxine Nigro June 71 x 45

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Right Heart Failure

INTERVAL BETWEEN ONSET AND DEATH
4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary Emphysema

DUE TO (c)

4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION. COUNTY STATE

21. I attended the deceased from March 29, 1963 to March 23, 63 and last saw her him alive on March 23 '63
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Hector W. Benoit, Jr. M.D.

22b. ADDRESS
4620 Nichols Pkwy K.C. Mo.

22c. DATE SIGNED
7/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify):

23b. DATE
3-26-1963

23c. NAME OF CEMETERY OR CREMATORY
St. Mary's

23d. LOCATION (City, town, or county) (State)
Kansas City Mo

24. FUNERAL DIRECTOR
Lassantini Bros K.C. Mo

25. DATE RECD. BY LOCAL REG.
3-26-63

26. REGISTRAR'S SIGNATURE
P. Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Al Passantino

Licensed Embalmer No. 4554

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.